

Department of the Secretary of State

Bureau of Motor Vehicles

To Whom It May Concern: I am requesting a verification letter as proof of completion of a driver/rider education course for the following person: Name Date of Birth Current Address Name of Driving School Attended_____ Approximate Date of Completion_____ Make check or money order payable to the Secretary of State for \$5.00 and mail to: Secretary of State **BMV Driver Education Program** #29 State House Station Augusta, Maine 04333-0029 or you may pay by credit card: (Our fax number is 207-624-9158) I would like to pay my letter of verification fee by charging it to my: □ Visa □ Mastercard The amount to be charged to my credit card is: \$5.00 (mailed letter) □ \$7.00 (faxed copy & letter mailed) Fax # _____ Attn: Credit Card Number_____ Expiration Date____ Name as it appears on credit card Daytime telephone #______Cell#____